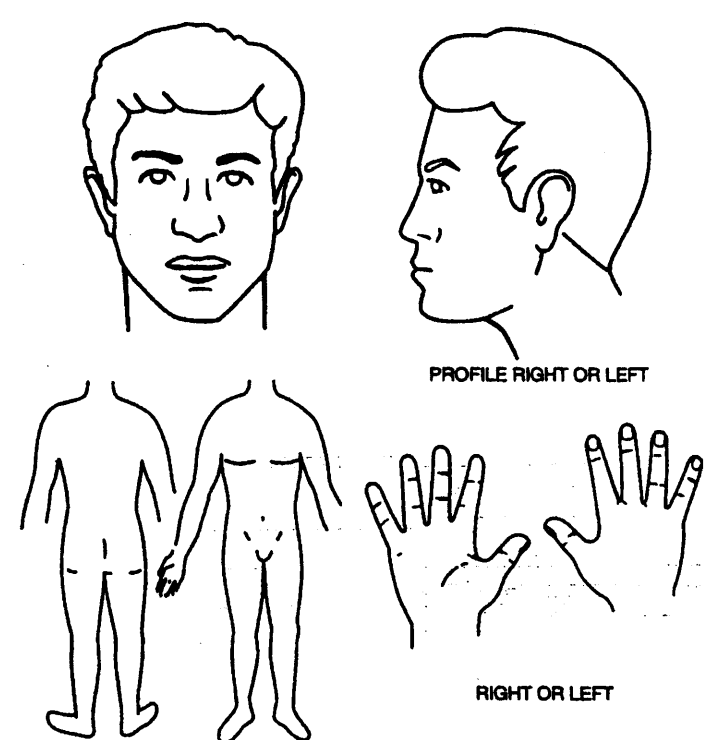




## EMERGENCY Exhibit #1

|   |  |                    |   |                 |   |                                    |
|---|--|--------------------|---|-----------------|---|------------------------------------|
| ADMISSION DATE<br>4 / 6 / 05  |  | TIME<br>0140 AM PM | ORIGINATING FACILITY<br>Bullock   |                 | <input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY<br><input type="checkbox"/> OUTPATIENT  |                                    |
| ALLERGIES<br>NKDA   |  |                    | CONDITION ON ADMISSION<br><input type="checkbox"/> GOOD <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA |                 |   |                                    |
| VITAL SIGNS: TEMP<br>97.6   |  | ORAL<br>RECTAL     | RESP.<br>20   | PULSE<br>84     | B/P<br>144 / 98   | RECHECK IF<br>SYSTOLIC<br><100> 50 |
| NATURE OF INJURY OR ILLNESS<br>5. A white guy came up while I was asleep and cut my nose with a razor.<br>It has 1/2 moon shaped cut on Rt side of nostril<br>Cut gapped open<br>A alteration in comfort due to cut on nostril<br>Place dog on nose<br>and send to Bullock ER for sutures |  |                    | ABRASION /// CONTUSION # BURN xx xx FRACTURE Z Z LACERATION / SUTURE  |                 |   |                                    |
| PHYSICAL EXAMINATION  |  |                    |    |                 |   |                                    |
|   |  |                    | ORDERS / MEDICATIONS / IV FLUIDS  |                 |   |                                    |
| DIAGNOSIS<br>Laceration Rt nostril  |  |                    | TIME BY   |                 |   |                                    |
| INSTRUCTIONS TO PATIENT<br>Hold pressure to nose  |  |                    |   |                 |   |                                    |
| DISCHARGE DATE<br>4 / 6 / 05  |  | TIME<br>2:20 AM PM | RELEASE / TRANSFERRED TO<br>Bullock Hsp   |                 | CONDITION ON DISCHARGE<br><input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR<br><input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL |                                    |
| NURSE'S SIGNATURE<br>Hawthorn RN  |  | DATE<br>4/6        | PHYSICIAN'S SIGNATURE   |                 | CONSULTATION  |                                    |
| INMATE NAME (LAST, FIRST, MIDDLE)<br>Williams, M C  |  |                    | DOC#<br>265594  | DOB<br>12/20/57 | R/S<br>B/M  | FAC.<br>Aulla                      |